

Office of the Clerk to the Board of Supervisor's
70 East Court Street, Suite 301
Rocky Mount, Virginia 24151
(540) 483-3032
(540) 483-6647 (fax)
sktudor@franklincountyva.org

APPLICATION TO SERVE ON BOARD/COMMISSION/COMMITTEE (Please type or print)

Board/Commission/Committee Applying For:

Applicant's Name:	Home Phone:
Full Home Address:	Cell Phone:
Email Address:	
Magisterial District in which your home re	esidence is located:
Employer:	Phone:
Business Address:	Occupation/Title:
Date of Employment:	Years Resident in Franklin County:
Spouse's Name:	Previous Place of Residence:
Education (Degrees and Graduation Dates):
	ch and/or Social Groups:
	Other Activities or Interests:
Reason(s) for Wishing to Serve on this Bo	oard/Commission/Committee (<i>Please continue on the</i>
	Signature
	Date of Submission

Note: The information provided on this application may be released to the public upon request. Please return application to the aforementioned address.